

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

FLOYD COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 102
Page 369
1-14-02
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT	
Name	First <u>Dallas</u> Middle <u>H.</u> Last <u>Bartley</u>
Date of Birth	Month <u>6</u> Day <u>9</u> Year <u>1928</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1831 1/2 Center St.</u> City <u>New Albany</u> State <u>IN</u> County <u>47150</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of Birth Verified By:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____
<u>Indiana Driver's License</u>	
1.	Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes", has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2.	Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/>
3.	Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4.	Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5.	List the full names of any dependent children. <u>n/a</u>
6.	(a) Full name of applicant's father <u>George Edward Bartley</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Sara Maye Hunter</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Betty</u> Middle <u>K.</u> Last <u>Priest</u>
Date of Birth	Month <u>9</u> Day <u>5</u> Year <u>1929</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>2741 Charlestown Rd</u> City <u>New Albany</u> State <u>IN</u> County <u>47150</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of Birth Verified By:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____
<u>Indiana Driver's License</u>	
1.	Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes", has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2.	Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3.	Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4.	Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5.	List the full names of any dependent children. <u>n/a</u>
6.	(a) Full name of applicant's father <u>Robert Porter Burns</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Helen E. Elizabeth Markmy</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Indiana</u>

ACKNOWLEDGEMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Dallas H. Bartley</u> Date <u>1-14-02</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana)	I swear/affirm that the information given
County of Floyd)	in this application is true and correct.
Signed	<u>Dallas H. Bartley</u>
New Address	<u>same</u>
Subscribed and sworn to before me this	<u>14</u> day of <u>January</u> 2002
	<u>Eugene Freiberger</u> Clerk of the Floyd Circuit Court

ACKNOWLEDGEMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Betty K. Priest</u> Date <u>1-14-02</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana)	I swear/affirm that the information given
County of Floyd)	in this application is true and correct.
Signed	<u>Betty K. Priest</u>
New Address	<u>1831 1/2 Center St n.a. In</u>
Subscribed and sworn to before me this	<u>14</u> day of <u>January</u> 2002
	<u>Eugene Freiberger</u> Clerk of the Floyd Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana)	
County of Floyd)	
Father	ID # _____
Mother	ID # _____
Subscribed and sworn to before me this	_____ day of _____
	Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana)	
County of Floyd)	
Father	ID # _____
Mother	ID # _____
Subscribed and sworn to before me this	_____ day of _____
	Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated JANUARY 14, 2002, authorizing the marriage of DALLAS H. BARTLEY and BETTY K. PRIEST.
I further certify that the following marriage certificate was filed in my office: I, GREGORY W. CARTER (name), certify that on FEBRUARY 2, 2002 (date), at LACONIA in HARRISON County, Indiana, DALLAS H. BARTLEY of FLOYD County, INDIANA (state), and BETTY K. PRIEST of FLOYD County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated JANUARY 14, 2002. Signed by: GREGORY W. CARTER, ORDAINED MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on FEBRUARY 5, 2002 (date).

Signed EUGENE FREIBERGER Clerk
Floyd Circuit Court